

cago, have been misled recently by a request for a revision of submitted proof copy which, upon casual reading, may appear to be from the editors of this widely used publication.

Careful reading shows the letters and proof to be from "Who's Who Publications, Inc., 799 Broadway, New York City, a different concern, who are putting out a "Who's Who in American Medicine," or at least that appears to be the last name for the proposed volume.

This matter was treated editorially in the Journal of the American Medical Association (October 17), and this additional information is supplied for those interested.

Dosurine—We have given the advertisement of this substance very careful consideration. The opinions we have been able to get seems to indicate that it will do all that its promoters claim for it. It makes the question of routine urine examination, for at least two of the more usual and important possible ingredients, an extremely simple and easy matter—so simple, in fact, that the editor was skeptical about it for a considerable time.

We would be glad to hear the experiences of doctors and laboratories with this substance.

Christmas is so near that we are sure all our readers will be interested in the announcement of the new gift and stationery store of That Man Pitts in the advertising pages of this issue. Mrs. Pitts, who is now conducting the business of her late husband, who was well known to many of you, is so confident that she has a service that will appeal to doctors and their families, hospitals, nurses, and other readers of CALIFORNIA AND WESTERN MEDICINE that she has contracted for paid space for a year in which to make her announcements. The new store at 882 Market Street, San Francisco, is very attractive, and you will find there Christmas cards that are unusual and distinctive, as well as a large selection of gifts.

In succeeding issues this firm will tell you more about the high-grade stationery and office supplies they have to offer at all times. As this is something we all must have, it will be very easy to show our appreciation, in a substantial manner, of the co-operation and confidence Mrs. Pitts has shown in helping support our magazine. Telephone Kearny 8052, and a representative will call on you.

The Vital Capacity of the Lungs in Pneumonia—A study made by John H. Arnett, Philadelphia (Journal A. M. A.), of the vital capacity in thirty-two cases of pneumonia, delayed resolution and empyema, yielded the following data: In pneumonia the vital capacity is greatly reduced early in the disease. The determination may, therefore, be of distinct diagnostic value in doubtful cases. The greatest reduction generally occurs shortly before the crisis. The advent of the crisis may, therefore, at times be predicted in advance. Cases of uncomplicated pneumonia almost constantly exhibit a rapid rise in the vital capacity in the first five to ten days from the crisis. Patients with empyema and delayed resolution do not exhibit such a rapid rise. The vital capacity may, therefore, assist in diagnosing empyema or unresolved pneumonia. The vital capacity increases gradually for months after clinical recovery from pneumonia or empyema has occurred. In many cases it probably never entirely returns to normal.

Non-specific Granuloma of the Intestine Causing Intestinal Obstruction—The case reported by T. Homer Coffen, Portland, Ore., (Journal A. M. A.), suggested a tumor mass resembling tuberculosis or new growth, causing intestinal obstruction. The patient has been under observation for nine years, in which time there have been three operations for granulomatous tumors, causing intestinal obstruction. He was fairly well in the intervals. The first granulomatous obstruction followed an operation for appendicitis, subacute. Subsequent granulomas were associated with systemic evidences of focal infection (sciatica, arthritis, low-grade fever, etc.). The last operation showed coincidental suppurative cholecystitis, and the excised tissues and gall-bladder gave a pure culture of streptococci.

California Medical Association

EDWARD N. EWER, M. D., Oakland.....President
W. T. McARTHUR, M. D.....President-Elect
EMMA W. POPE, M. D., San Francisco.....
.....Secretary and Associate Editor for California

1926 ANNUAL SESSION, C. M. A. OAKLAND, APRIL 26 TO MAY 1

The Arrangements Committee wish to remind the members of the California Medical Association that the next annual meeting of the Association will be held in Oakland, April 26 to May 1, inclusive.

The State Council has rearranged the program for this meeting. Two days, Monday and Tuesday, have been selected for the holding of clinics, and the Program Committee are inviting prominent Eastern medical men to conduct these clinics at the different hospitals in Oakland.

These clinics will be interesting and instructive and worth your while to attend.

General sessions will be held on Wednesday, Thursday, Friday and Saturday mornings, and the Section sessions will meet in the afternoons of these same days.

All papers presented at this meeting are to be reviewed by the Program Committee previous to presentation, and the number to be presented is to be reduced.

The clinicians who conduct the clinics on Monday and Tuesday are to read papers at the General Session on Thursday morning.

Special attention is being given to the social features of the program. A golf tournament, to be conducted by the Northern California Medical Golfers' Association, will be held on Monday and Tuesday afternoons. All are invited to participate in this event. Many trophies are to be awarded.

Among the other forms of entertainment will be luncheons, boat and auto rides, teas, receptions, dinner dance, and athletic features.

Mark the date on your calendar and make a special effort to attend. We promise you a good time.

(Signed) CLARENCE A. DE PUY, M. D.,
Chairman of Arrangements Committee.

HISTORICAL DATA DESIRED

Dr. Emmet Rixford, chairman of the Committee on the History of the California Medical Association, has sent the following letter to all county secretaries. Will each member of the California Medical Association appoint himself a deputy committeeman to assist this very important committee in collecting material and data?

To All County Secretaries:

The Committee on the History of Medicine of the California Medical Association is greatly desirous of collecting all printed matter extant on the subject of the history of medicine in California for deposit in some safe place where it will be made accessible to students of local medical history. It is urged that the secretaries of the county medical societies undertake, as deputy committeemen, as it were, to interview all of the older men in the profession, or their families or successors, who might have old California medical journals, pamphlets, photo-

graphs of local medical men or hospitals, etc., and forward to the office of the association (California Medical Association).

It is further suggested that each secretary arrange with some member of his county society to prepare a paper on the local medical history or to gather data which the memories of the older man may have retained of events of medical importance, such as founding of hospitals, of local medical societies, etc., etc., contributing the same to the committee, who will arrange for publication of the material as occasion offers. Very respectfully,

EMMET RIXFORD, *Chairman.*

C. M. A. OFFERS PRIZES FOR BEST MEDICAL ESSAYS

At the 148th meeting of the Council, held at Long Beach, November 8, 1924, it was

RESOLVED, That two prizes of \$150 be established—one for a paper on original research, and one for a paper on a clinical subject; and that these prizes be open to the members of the C. M. A. only, and be competed for at the 1926 convention; and, further, that the scope of the material be determined by the committee.

The following committee was appointed: Albion Walter Hewlett, chairman; Dudley Fulton, M. D., 523 West Sixth Street, Los Angeles; and Fred Fairchild, Woodland.

On Doctor Hewlett's resignation, due to illness, Walter C. Alvarez was appointed chairman. The committee regrets that the time for careful work is unavoidably so limited this year.

The accompanying rules for the submission of competing papers have been approved by the Executive Committee:

Rules for the Submission of Papers

1. Any member of the California Medical Association is eligible to compete for the prizes. Any question arising as to the eligibility of a candidate or the admissibility of his essay will be settled by the decision of the Council.

2. Manuscripts must be typewritten on one side of the paper; they must be double spaced; and they must not be folded or rolled. Illustrations or charts must be marked with the title of the paper to which they belong.

3. Essays must contain not more than 4000 words. In judging a paper, the committee will take into account the basic importance of the work done and its novelty; the thoroughness with which the research has been carried out; the clearness with which it has been written up; and the neatness of the manuscript and illustrations.

4. Papers should be sent, preferably by registered mail, to Dr. Emma Pope, Secretary of the California Medical Association, 1016 Balboa Building, San Francisco. They should be identified by a *nom de plume* or motto only. A separate envelope should be sent to Dr. Pope containing the author's name and his *nom de plume* or motto, so that after the award is made the name of the writer can be found. Any return addresses or other distinguishing marks will be removed from the wrappers before the papers are turned over to the judges.

5. All papers must be in the hands of Dr. Pope before March 15, 1926, in order that the judges may finish their work in time for the meeting of the association.

6. The judges reserve the right to withhold the award, in the event that no paper comes up to the standards of excellence which they feel should be set.

7. If, in the judgment of the editor of CALIFORNIA AND WESTERN MEDICINE and the Editorial Councilors, the paper on laboratory research is too technical or otherwise unsuitable for inclusion in CALIFORNIA AND WESTERN MEDICINE, the prize winner will be allowed to publish it in some special journal and will be required to make an abstract for the readers in California.

8. Inquiries relative to the prize contest should be addressed to the chairman of the committee, Walter C. Alvarez, 177 Post Street, San Francisco.

A PLEA FOR A KEEN AND ACTIVE INTEREST IN THE CONTINUED ARMS OF THE UNITED STATES ON THE PART OF THE MEDICAL PROFESSION

Should the United States ever become subjected to the commands of an insolent foe it will be because physicians do not now take their places and do their duty in the organization of our country's man-power.

It is hardly too much to say that there is not a single physician in this glorious country of ours who would not instantly drop his own affairs, and hurry with justifiable pride to a sick President if called.

Is not the President the Commander-in-Chief of the Services, and should not the civilian physician prepare himself to efficiently aid the President in his determination to defeat a foe and by that defeat to protect the people and fortify the nation's place in the security of the world?

I maintain that there is no essential difference between the doctor's duty in the welfare against the enemies of an individual and his larger responsibilities as Medical Reserve Officer in aiding the body politic.

Men of high knowledge of war recognize that organized medical experience is absolutely imperative for quick mobilization and for quick demobilization. As a matter of fact, much of the effectiveness in all branches of military service rests upon the wise utilization of the medical, surgical, and dental knowledge of our profession.

This professional learning must, for its full advantage, be correlated with training directed toward a realization of the specific processes associated with the conduct of war. This realization can only be gained by attending a school of military methods conducted by those who know, and this has been made easy by correspondence and adequately supported training camps.

It follows that it is the plain duty of any patriotic medical man to willingly, and without propaganda, apply for a commission which is, in every truth, the gateway to this consummation.

Another way of looking at this and emphasizing the national duty of the doctor is to define the creation of an army under four heads:

1. *Pre-mobilization*—a state wherein the medical men of the country, in time of peace, strive in a selfless way to bring health to the community and by experimentation and persistent effort advance new methods of protecting the individual so that he, when called upon, will present himself with the maximum physical and mental strength. The weaker ones, by this medical procedure, are also prepared for some duty other than the firing line. During this pre-mobilization period, the special education of the commissioned civilian doctor is attended to by the regular officers of the medical corps and the creation of all varieties of "cog-wheel" units; general hospital, evacuation hospital, etc., etc., are made and ready for installment.

2. *Mobilization*—The quick bringing together of healthy men for fighting and executive purposes and less healthy men adequately to aid in subordinate positions; thus preventing sound men wasted in minor jobs, and the careful registration of pre-existing defects, both mental and physical, in each and every individual called to arms. Thus every man sound or otherwise is by the physician's preparedness given a place in the machinery of war.

And so it comes to pass when war is declared, great portals of entrance are equipped in every conceivable way to rapidly and completely take advantage of the man-power. At the same time the future of the individual soldier is protected by a knowledge of pre-existing conditions, or the absence of them, when a consideration of disability, permanent or otherwise, is demanded. Compare this with the hopeless chaos of 1917, when patriotic civilian medical men hurried uneducatedly to the aid of the nation, and were mortified by their ignorance and their well-meant but misdirected energy.

3. *Demobilization*—Here the great portals of entrance are used as portals of exit, and all the machinery of mobilization is utilized for the welfare of the nation and the man. Justice is given to all, and the maximum restoration of the wounded in mind and body secured.

4. *Post-Demobilization*—a state wherein the civilian commissioned doctor, with his special knowledge of the demands of the service, can protect and direct the health of the people who have served, disabled or otherwise.

And so post-demobilization merges into pre-mobilization and the cycle is complete; and thus, also, the service of the medical profession is rendered in the highest efficiency and becomes worthy of its highest attributes and traditions.

It must be kept in mind that all this service carries with it but little inroad upon the private time of the doctor, and the Defense Law protects him from every other form of military duty other than a call to arms against a foreign nation. With so little to lose and so much to give, it is an amazement to me that the march to commission is so halting and so seeming an evidence of a lack of patriotism.

J. WILSON SHIELS.

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer, secretary)—The regular monthly meeting of the association was called to order by the president, H. B. Mehrmann, October 16 at 8:20 p. m. The program was presented by the staff of the Samuel Merritt Hospital. In their program they aimed to point out recent advances in medicine. It was snappy and instructive. A maximum of nine minutes was allowed each speaker.

Robert A. Glenn, in his paper, "The Administration of Glucose in Combating Toxemia," outlined the physiology of the metabolism of glucose and the role played by that substance in body maintenance. The relation of the oxidation of glucose to disturbances of the functions of the liver, kidneys, and other organs was described. An estimate of the quantity of glucose necessary for the body at rest and at work, and of the amounts that might be administered intravenously, which was the method of choice. Certain precautions in the preparation of the solution were given, as well as a simple technic for the sterilization of such solutions.

Frederic M. Loomis read a paper written in a somewhat facetious vein on "Delirium Operatorium," a clever phrase of De Lee's, defined as "an acute lapse of operative reason which may affect the accoucheur after much loss of sleep, the nervous wear of a prolonged labor, the exactions of the family, combined with the sudden appearance of extraordinary difficulties." It was pointed out that birth injuries are much more frequent than supposed, especially in breech cases, and that these injuries are more often due to haste and panic than to essentially impossible situations. The writer urged more deliberation in pelvic maneuvers, and more gentleness in management—"not to mention those lofty souls who disdain any management except the selection of a solid place to brace their feet."

A. C. Siefert gave a brief essay on "Cholecystography," as originated by Graham and his associates. He discussed the theories and facts upon which the method is based, as well as the criteria of normality and pathology of the gall-bladder when examined by this test. He concluded that cholecystography is a great step in advance of the ways of roentgenological examination of the gall-bladder hitherto used, and that the oral administration of the dye is sufficiently safe to be used routinely.

A. A. Alexander discussed differential diagnosis of organic and functional heart disorders. Many heart conditions, he said, are classed under "myocarditis." This diagnosis should be made with care. Myocarditis is an element in a pancarditis in such conditions as rheumatic fever and syphilis, whose organisms invade the heart, but in most febrile conditions the cardiac muscle is damaged by circulating toxins, rather than by inflammatory changes. By means of case report he pointed out the apparent identity of symptoms in functional and organic disorders. Then taking up the symptoms separately, he indicated differential considerations. Many patients, he said, with or without actual heart disease, readily develop a fear neurosis or "cardiophobia," and in this connection deplored the tendency to stress to the patient the existence of cardiovascular findings, such as murmurs or alterations in blood pressure. In organic heart disease treatment, in his opinion, cannot effect a cure. One must consider (1) the avoidance of further damage by removing obvious infection; (2) adjustment of the patient's habits of life and work to his heart reserve, rather than attempting to fit the heart reserve to the patient's

effort; (3) the use of drugs, if heart failure threatens. Functional disorders tend to relapse, but do best with hygiene and suggestion to rebuild the patient's confidence.

In an analysis of twenty patients, the following conclusions were noted by Francis Shook in his paper, "Maxillary Antrum Infection in Children." (a) The symptomatology is local and general. The most frequent local symptomatology is (1) impaired nasal respiration, (2) frequent coryza, (3) mucoid discharge, usually post-nasal, (4) "crusting" in anterior nares, with sneezing attacks on attempts to dislodge the crusts by sniffing, (5) bronchitis or night coughing caused by post-nasal dropping into the bronchi. (b) General symptomatology—absorption from the chronic infection causes the general symptomatology. In order of frequency, the following has been noted: (1) The child is below par in strength and usually in weight; (2) pyelitis and cystitis; (3) beginning degeneration, such as myocardial; (4) occasional myalgia (growing pains) tenderness at tendon insertions, joint involvement (rare); (5) occasional febrile attacks. Treatment—The most satisfactory combination has been (1) infratubal drainage of the maxillary antrums under nitrous oxide or ether-vapor anesthesia, (2) after treatment of antrums—suction, lavage, vaccine, anilin dyes (acriflavine or gentian violet), (3) hygienic and dietetic supervision by family physician or pediatrician.

C. L. McVey spoke on the "Present Status of Intravenous Dye Therapy in Septicemia," and drew inferences from Hugh Young's report on 210 cases.

In his subject, "Fallacy of Easy Sterilization of the Urinary Tract," E. Spence DePuy discussed the newer urinary antiseptics, devoting special consideration to hexyl resorcinol and mercurochrome, in particular. The writer called attention to the widespread desire of all for some easy method of sterilization of the urinary tract; one that would free the urine of pus, and relieve the patient of the symptoms attendant upon infection—an antiseptic that required possibly no investigation of the patient's condition and which might be self-administered. Desirable as such easy therapy may be from the viewpoint of both physician and patient, however, the paper pointed out that, with such agents as are at present available, simple administration of drugs, either orally or intravenously is generally not sufficient to sterilize the urinary tract for the two following reasons: (1) Many urinary tract infections are secondary to distant foci. (2) The more severe urinary tract infections are frequently the result of obstruction, either in the urethra, at the vesical neck, in the ureter, at the kidney pelvis, or in the kidney itself. Obstructions cause a residual or stagnant urine. Stagnant urine is a favorable culture media. To secure sterilization of the urinary tract, then, requires that focal infections be eliminated and that obstructions be overcome. It was then pointed out that the natural inference is that nothing, so far discovered, has taken away the necessity for investigation and diagnosis. And that in the case of mechanical obstructions, ureteral kink, stricture, etc., it is not so much the drug that is employed, whether by mouth, intravenously, or even by instrument to the infected part, as it is to the relief of obstruction by instrumentation, plus all the known urinary antiseptics—mercurochrome, hexyl, resorcinol, and nitrate of silver solutions.

M. L. Emerson's subject was "Carcinoma of the Bowel." He presented two of his six patients, pre-operative pictures, also lantern-slide demonstrations of the operative technique. He stated that, by deperitonizing the bowel tumor before removing the same, there is eliminated the much-dreaded peritonitis so frequently complicating this type of work, and the operative mortality was greatly reduced. By circumscribing or walling off the growth with the peritoneum, practically placing the growth outside of the abdominal cavity, it facilitated and made visual the application of radium and x-ray. Where it was possible to mobilize the growth, the tumor mass and bowel was lifted out of the abdominal cavity and deperitonized around the loops of the bowel, the tumor being removed a few days later, thereby shutting off the abdominal cavity much after the fashion of Mikulicz's operation. The cancerous growth is then removed a few days later, and further application of radium or x-ray, if thought necessary. By the application of radium, x-ray and surgery, we have been enabled to make these patients fairly com-

fortable, and some of them over a period of three years. The doctor also stated that Crile and other operators have reduced the operative mortality of this type of work down as low as 2 per cent by using the several-stage operation.

In his brief discussion of "The Present Status of Radium and X-ray Therapy," W. H. Sargent stated that when the best interests of the patient are considered, radiation therapy is neither a substitute nor competitive of other therapeutic measures, but a valuable adjunct to both surgery and medicine, and in advanced malignancy it is the greatest palliative so far known. In early cases he deems it inadvisable to attempt a cure with radiation when the disease can be completely removed surgically. In cancer of the breast with glandular involvement, he believes a more thorough trial of pre-operative radiation seems justifiable, since surgery alone can offer so few chances of cure. Sargent also believes that greater co-operation between physician and radiologist is much to be desired, and will undoubtedly be productive of better results.

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CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by L. St. John Hely, secretary)—The regular monthly meeting of the Contra Costa County Medical Society was held at the offices of Drs. Abbott and Hely at Richmond, October 31.

The lecture was delivered by Hans Lisser on the pathology, diagnosis, and treatment of ductless glands, illustrated with lantern slides. The lecture was classical. This is Dr. Lisser's third lecture to the Contra Costa Society in eighteen months; the attendance was up to the standard. The unanimous verdict of the members present was that they wanted Dr. Lisser again. This we consider very complimentary to him.

The following members were appointed by the president to arrange for the annual meeting to be held this month to elect officers for the ensuing year: L. M. McCollough, S. N. Weil, L. H. Fraser.

The following members were present: C. E. Camp, San Pablo; G. M. Bumgarner, J. W. Bumgarner, H. L. Carpenter, P. C. Campbell, L. H. Fraser, Denninger-Keser, U. S. Abbott, L. St. John Ely, Rosa A. Powell, Hall Vestal, Richmond; John and Mrs. Beard, Martinez; T. W. Lavery, University School of Medicine; F. L. Horne, J. M. McCollough, William A. Rowell, Crockett; J. T. Breneman, El Cerrito; S. N. Weil, Selby.

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FRESNO COUNTY

Fresno County Medical Society News (reported by J. A. Montgomery, secretary)—The Fresno County Medical Society has begun a campaign for diphtheria immunization.

On October 17, Dr. Halliday of the State Board of Health addressed the Medical Society at a luncheon-meeting. He demonstrated the technique of the immunization by giving several first treatments to children from the schools. He also discussed the work being done in California counties, as well as that that has been done in New York City.

Dr. Matthewson of the Fresno City Board of Health outlined a plan whereby this work should be done as completely as possible by the physicians in their own offices, urging their families to come for this work to their own physicians. He is conducting a campaign of newspaper publicity toward this end, and the city schools are sending out pamphlets of information to all homes. Physicians in the county are urged to report to the City Health Office the number of children receiving treatment.

It is the intention of the society in this campaign to avoid the use of the general free clinic for this purpose, and to confine the free treatment to those applying to the County Hospital Clinic and found entitled to charity.

A meeting of the Fresno County Medical Society was held on November 2. Dr. James Percy of Los Angeles gave the address of the evening. His subject was "The Treatment of Cancer." He discussed the methods of use of the cautery, the proper manner to use the cautery, and demonstrated some of the cauteries used in this work in his own practice.

At this meeting Edwin Mott, Charles Fulmer, and Edward Halley were elected to membership in the society.

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HUMBOLDT COUNTY

Humboldt County Medical Society (reported by L. A. Wing, secretary)—The following meetings of the Humboldt County Medical Society were very much enjoyed by a large attendance of the members. The June meeting was held in Ferndale, as guests of Doctors Brunner and Ring. Papers were read by Doctor Brunner, on "Diabetes," and Doctor Ring on "Treatment of Burns."

The July meeting was held in Scotia, as guests of Doctors Cottrell and Haight. Papers by Doctor Cottrell on "Injuries to the Spine," and Doctor Haight on "Pleurisy With and Without Effusion," were read.

On October 6, a meeting was held in Eureka. Doctor Charles C. Falk entertained the society with a very enjoyable talk on his experiences with the medical world while abroad.

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MARIN COUNTY

Marin County Medical Society (reported by John H. Kuser, secretary)—A meeting of the Marin County Medical Society was held on October 29 at Doctor Jones' office in San Rafael. The following members were present: Frank Cannon, O. W. Jones, W. F. Jones, L. L. Stanley, G. M. Landrock, and J. H. Kuser. The secretary was requested to send to the A. M. A. for twenty copies of "Principles of Ethics," to be distributed among the members. Notes taken by Dr. Kuser, Health Officer of Marin County, at the Health Officers' meeting at Long Beach were read and considerable interest was shown by a lively discussion. The necessity of co-operation of the organized profession to control and prevent disease was well brought out.

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SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (reported by Bert S. Thomas, secretary)—The local society convened at the Sacramento Hotel on the evening of October 20 for its regular meeting. In addition to twenty-two members, the society was treated to a visit from the entire State Board of Medical Examiners, who, at the time, were met in their yearly Sacramento session. Those attending were Phillips of Santa Cruz, the president; Brown of Los Angeles, the vice-president; Pinkham of San Francisco, the secretary; Brem and Smith of Los Angeles, Morton of San Francisco, Harris of Sacramento, Yates of San Diego, and Adams of Oakland.

The minutes of the September meeting were read and approved.

Case Reports—Dillon reported a case of a complete right pneumothorax. The boy had fallen and had lacerated a small area mesial to the right shoulder. In a short time air had filled the entire right chest cavity. X-rays of the condition on the sixth day were presented.

Gundrum reported a case of a man whom he had referred to Green. Despite the fact that there was neither impaction nor any pathology of the tooth-bud, a fully grown tooth had not come in to take the place of a deciduous one. These two reasons are the only ones to explain the lagging of a fully formed tooth. No explanation could be offered for its lack of descent.

The paper of the evening, "Infant-Feeding—A Survey," was presented by Edward S. Babcock. He said:

"Infant-feeding is one of the most important branches of medicine, but, unfortunately, is one of the most neglected. Our high infant mortality rate is due to a lack of instruction, or improper instruction to mothers, in the care and feeding of infants. Infant welfare centers throughout the country have played an important part in decreasing the infant death rate.

Obstacles to breast-feeding, and methods of overcoming them, are discussed. Manual expression of the breasts is advocated to increase a failing milk supply.

The history of the development of artificial feeding from the time of Biedert, Liebig, and Rotch to the present time were given.

Water, proteins, carbohydrates, fats, salts, vitamins, and acidity of cow's milk were discussed in turn. The known methods of modifying, changing or substituting each were given. Proprietary infant foods, largely carbohydrates, are grouped into simple sugars, dextri-maltose compounds,

and preparations containing more or less starch. Preparations advertising direct to the laity are a menace to public health. A boiled cow's milk, water and Karo syrup mixture, correctly proportioned, is advocated for routine feeding, because of simplicity in preparation, convenience and cheapness.

Computation of caloric values and examinations of stools were discussed as important checks on the feedings.

Mixed feeding was discussed briefly. Feeding of premature and sick infants is not considered in this paper. The so-called difficult feeders are considered medical cases and should receive special attention. Many of them are found to have a pyuria, otitis media, or congenital abnormality of some nature.

Intolerance to various food elements and allergy were briefly considered.

Dental caries, malocclusion of the teeth, speech defects, chronic constipation, smallpox, diphtheria, and many other infirmities of later childhood and adult life could be practically eradicated if all mothers were properly instructed in infant-feeding and care."

In the discussion, Pitts discussed the possibilities of galactagogues. Pitts believes that it is possible to measurably run up the quantity of milk in twenty-four hours. Gundrum added that, without any question, he believed beer to be a definite galactagogue. He related how Stephanson had told him of types of infant-feeding in the Antarctic. Most of the mothers chewed up meat and then fed it to their babies. It was really remarkable how they thrived. Hall told of Health Department methods in the control of the local milk supply.

In closing, Babcock stated that extensive experimentation had been conducted in Chicago on the possibilities of galactagogues. Their final conclusions, based on the most careful measurements, show that there was no galactagogue among the great number of supposed ones. Regarding the question of goat's milk, Babcock declared that this contained too much fat and salt. He also added that, despite the fact that he carefully follows the Health Department reports, he uses boiled milk in his infant formulas.

Brief remarks were made by all members of the Medical Examiners. Several spoke directly on the paper of the evening. Yates, as a dermatologist, has one feature connected with goat's milk—eczema. Harris and Smith, both of whom had returned from their recent trip through England and Ireland, told of the pathetic condition of the cattle in Ireland, where whole flocks were definitely tuberculous. The results can be seen on all sides.

Applications for Membership—The applications of Norris R. Jones, Angus A. McKinnon, and Joseph L. Mullin were read for the first time. After the second reading of the applications of Clyde G. Reynolds, Edward P. Moser, Hans F. Schluter, and Charles I. Titus, a vote was taken. All were unanimously elected to membership in the local society.

Report of the board of directors announced a paper by G. Parker Dillon, concerning diagnostic problems of the rectum at the November meeting.

Communications—One from Colonel Edward L. Munson was read, thanking the local society for their sponsoring plan of the M. O. R. C.

State secretary's note calling attention to the resolution concerning the submitting and approving by the Program Committee of the State Society of all papers to be read by any member of the association at any annual meeting, and the space to be given them in CALIFORNIA AND WESTERN MEDICINE, was read.

A letter from Dr. Leo P. Bell, asking the local society to be one of several societies to present a film, entitled "How the Fires of the Body Are Fed," was read.

An invitation from City Manager Bottorff to visit the city's filtration plant was considered under new business. The invitation was accepted, with the suggestion that some night be named for the inspection.

Motion was made, seconded, and carried that the local society join with Woodland, Chico, Red Bluff, Redding, and Stockton in the public presentation of the film, "How the Fires of the Body Are Fed." The meeting adjourned to the banquet table.

SAN FRANCISCO COUNTY

Franklin Hospital Clinical Society (reported by Ewald H. Angerman, secretary)—The Franklin Hospital Clinical Society met at the hospital on October 5, J. Wilson Shiels presiding.

Dr. Westerfeld reported a case and discussed the subject of "Echinococcus Cyst of the Liver." Dr. Schaupp's subject was "The Heart in Pregnancy."

St. Luke's Hospital Clinical Club—St. Luke's Hospital Clinical Club resumed its regular meetings on Thursday, November 5, the speaker of the day being Clement H. Arnold. His subject was "Some Interesting Cases of Congenital Heart Disease." He stated that although the chief interest of congenital abnormalities is to the embryologist and pathologist, and the greater number of cases occur in children, yet it had been his good fortune to have seen several cases in adults. Persistence to adult life makes the recognition and treatment of congenital heart disease of some moment, particularly in the management of the patient's life and our ideas of prognosis.

His talk was illustrated with drawings demonstrating embryological development of heart and blood-vessels and abnormalities resulting from such lack of development. He presented the history of four very interesting patients which had come under his observation—one with pure dextrocardia and anomalous electro-cardiogram; another of combined mitral stenosis, patent interventricular septum and bifid apex which came to autopsy; a third of patent interventricular septum which came to autopsy, and the fourth of patent ductus arteriosus. These adults ranged in age from 35 to 62.

The speaker outlined the main phenomena by which the presence of congenital malformations could be recognized, following this with a short axiomatic recapitulation of cardiac symptoms and findings, as related to congenital heart disease, summing up with the statement that the presence of congenital defects in any other part of the body is in favor of any heart affection present being congenital.

St. Joseph's New Buildings—Variable Staff Program—St. Joseph's Hospital of San Francisco has begun its extensive fireproof reconstruction by demolishing its older structures, in preparation for the new units, which will provide 200 patients' beds and for 150 Sister and lay nurses and other attachés and incorporate the latest ideals in hospital construction. All of the patients' accommodations will be maintained until after the rebuilding, when the last of the present structures will be torn down, making way for others planned.

The staff met on November 18 and enjoyed a varied program based on recovered cases from the hospital. P. Collischonn spoke of the "Talma Operation" and outlined a case where abdominal ascites was permanently relieved, after previous repeated tappings. D. E. Stafford discussed "Ectopic Pregnancy," illustrating it with a recent case. J. C. Newton read a paper on "Dermoids," describing a case of double unilateral lesions in a girl. "Medical Notes From the East" were given by T. I. Janes, and included observations with Farr, the Mayo staff, and Crile. W. T. Cummins, pathologist, differentiated teratoma and similar tumors, and Lloyd B. Crow, radiologist, showed mediastinal x-ray films.

A. S. Musante, head of staff, offered resolutions respecting the death of Doctor Albion Walter Hewlett, Professor of Medicine at Stanford University, who was on the consultation staff of St. Joseph's and had addressed the meeting recently on post-operative medical treatment. William Quinn and Howard Dixon presented case histories of patients with pneumonia and gas phlegmon of the neck, respectively.

The program of December 9, "Pediatric Night," follows:

"Advances in Pediatric Diagnosis," C. F. Gelston; "Modern Treatment in Children's Diseases" and "Surgical Considerations in Pediatrics," Emma Willits.

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SANTA BARBARA COUNTY

Santa Barbara County Medical Society (reported by P. C. Means, secretary pro tem.)—The regular meeting of the Santa Barbara County Medical Society met in the staff room of the Cottage Hospital November 9. President F. R. Nuzum introduced Willard J. Stone, of Pasadena, who presented a very careful and interesting

paper on "Certain Aspects of Heart Disease, Including Coronary Occlusion, Angina Pectoris, and Adhesive Pericarditis." Free discussion showed the interest with which it was received. Harry L. Schurmeier presented a patient who had had, some months ago, trophic ulcerations on the toes and had been cured at a Southern "sanatorium" by starvation for two weeks and rest in bed. The patient was much impressed, and said there was explained to him "the harm of combining vegetable and animal proteins." The dangers of starvation and the temporary value of rest were pointed out in the discussion, but did not shake the faith of the patient.

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YOLO-COLUSA COUNTIES

Yolo-Colusa County Societies (reported by John D. Lawson, secretary)—October 16—Regular quarterly meeting in conjunction with Woodland Clinic conference.

Amendment to the constitution was proposed, changing the name of the society from Yolo County Society for Medical Improvement to the Yolo-Colusa County Medical Society. This will be voted on at the next regular meeting.

Program—Observations on recent trip in the Middle West and East, by John D. Lawson. Presentation of a case of diabetes with lipemia retinalis and xanthomata diabetorum, by J. Edward Harbison. Differential diagnosis in an upper abdominal tumor, by Leo P. Bell.

Russell G. Frey, resident physician at Woodland Clinic Hospital, was elected to membership in the society. Walter J. Spencer, member of the staff of the Woodland Clinic, has severed his connection with that institution. He expects to enter into the practice of pediatrics in the southern part of the state.

Fred R. Fairchild has just returned from a month spent in the Hawaiian Islands.

H. D. Lawhead, Yolo County Health Officer, reports a rather unusual amount of diphtheria in the county, notwithstanding a concerted effort toward the popularization of toxin-antitoxin prophylactic.

The public lectures given monthly by the Woodland Clinic were resumed in October, when Dr. H. D. Lawhead spoke on "The Doctor of Forty Years Ago and Today" With Some Personal Reminiscences."

At the November meeting Dr. J. Edward Harbison spoke on "Various Types of Infectious Diseases, Their Prevention and Treatment." This was illustrated by a moving picture, entitled "How Disease is Spread."

Woodland Clinic—The directors of the Woodland Clinic have authorized the construction of the first unit of a new hospital building, and construction is to begin immediately. The new unit is to have a capacity of seventy-five beds, which will be a considerable addition to the fifty-five beds now in use. The building is to be absolutely fireproof, and will incorporate many new features of hospital construction. This will be known as the first unit of a building which, when completed, will consist of four lateral wings with a central administration building. Each wing will cost approximately \$100,000 and the administration building probably twice that amount, so that the completed structure will cost approximately \$600,000. The greater portion of the new structure is to be devoted to actual patients' rooms. Certain portions of the present building will be utilized to give additional space to the various departments, the size of which will necessarily be increased, owing to the addition in the number of patients. The name of the corporation has been the Woodland Sanitarium, but owing to the fact that the hospital has always handled general medical and surgical work the title was a misnomer. The entire organization is now to be known as the Woodland Clinic. Consequently, the hospital department will be known as the Woodland Clinic Hospital.

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CHANGES IN MEMBERSHIP

New Members—Roger W. Barnes, Ivyl Clare Bedwell, Warren P. Clark, Willis M. Gardner, Wesley J. Hommel, Ralph R. Holzman, Robert W. Langley, Arthur E. Mark, Ihil Rubenstein, Fred McKay Bantum, Edward R. Cox, Los Angeles; Cecil F. Charlton, Pasadena; William Joseph Eckerle, Wilmington; Richard J. Morrison, Santa Monica; Richard C. Rush, San Fernando; Walter Claude Thomas, Long Beach; Solomon N. Weil, Selby; Elwyn H. Welch, Pomona; Preston W. Whitaker, Van

Nuys; Henry A. Beaudoux, Christopher Howson, Theo C. Lawson, Oakland; Henry L. Charles, Alhambra; Elton Russell Clarke, Burbank; Rupert G. Doupe, Tehachapi; John F. Edwards, Hollywood; Belle C. Eskridge, Monrovia; David Martin Ghrist, Glendale; Sidney Gidoll, Keene O. Haldeman, Harry C. Shepardson, San Francisco; William McKee Moffatt, Santa Barbara; C. O. Petty, Fullerton; Virgil G. Presson, Santa Ana; George Henri Rohrbacher, Stockton; Peter N. Root, Bakersfield.

Transferred—R. C. Burkett, from Los Angeles County to Orange County.

Marshall C. Cheney, from San Francisco County to Alameda County.

Cory C. Ledyard, from Santa Clara County to Los Angeles County.

Frank E. McCann, from Tehama County to Los Angeles County.

G. A. Wislicenus, from San Francisco County to Washington Medical Association.

Resigned—From Los Angeles County: Milton A. Barndt, T. Furusawa, W. W. Murphy, F. T. Nakaya.

Deaths—Hewlett, Albion Walter. Died at Philadelphia, November 10, 1925, age 50. Graduate of Johns Hopkins University Medical School, 1900. Licensed in California in 1903. Doctor Hewlett was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Legault, Joseph William. Died at Oakland, October 23, 1925, age 58. Graduate of Victoria University, Canada, 1890. Licensed in California the same year. Doctor Legault was a member of the Alameda County Medical Society, the California Medical Association, and the American Medical Association.

McConnell, Edward Giles. Died at San Francisco, October 19, 1925, age 57. Graduate of Cooper Medical College, California, 1893. Licensed in California in 1894. Doctor McConnell was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



ALBION WALTER HEWLETT
1874-1925

Doctor Hewlett was born in Petaluma, California, November 27, 1874, and died in the University of Pennsylvania Hospital, Philadelphia, November 10, 1925.

The family early moved to San Francisco. Our first indication of his later achievement is found in an old newspaper article which records his graduation from the

Oak Street School at the head of his class, although he was two years younger than the other members. First honors were again his on graduation from Johns Hopkins Medical School in 1900.

Internal medicine had already marked him for her own, for Dr. Hewlett rejected a surgical internship at the Presbyterian Hospital to accept a medical service at the New York Hospital. After a two-year internship he spent a year at Tubigen. A direct result of his work here was the translation of Krehl's Clinical Pathology. Indirectly, Krehl's influence led to studies which bore fruit in Hewlett's work on Pathological Physiology.

Dr. Hewlett was married in 1907 to Miss Louise Redington. Her sympathetic interest made possible a life of devotion to research, in addition to his clinical and teaching responsibilities.

On his return to the United States in 1906 he was attached to the staff of Cooper Medical College. In 1908 he was called to the chair of Internal Medicine at the University of Michigan, where he remained until his selection as Professor of Medicine in the Stanford University School in 1916. During the war he served overseas with the Stanford Base Hospital Unit, as Lieutenant Commander in the Medical Corps of the Naval Reserve.

Dr. Hewlett's research, with the exception of a few early papers, has been largely concerned with the physiology and functional pathology of the heart and circulation. The series of papers on the blood flow in the arm is perhaps most notable. His primary interest lay in the clinic, and his purely clinical papers cover a wide range of subjects. All his writing is distinguished by a sound conservatism in expressed opinion, and by a refreshing clearness and simplicity of style.

Dr. Hewlett's emotions interfered with his judgments far less than is common among us. The fallacies of his own most cherished prejudices—and those of his friends—were always quite as clear to him as were those of his opponents in discussion; and this resulted in a frankness and honesty which were at times almost amazing. Those who did not know the man may have sometimes interpreted this absence of emotional bias as an indication of an unsympathetic nature, but even a brief association never failed to demonstrate an unusual interest in the problems and enthusiasms of others. Those privileged with still closer friendship can testify to the deep loyalty of his affection.

In the death of Dr. Hewlett, Stanford University Medical School has lost an inspiring teacher; the medical profession has lost a resourceful leader; and medical research has lost an able, enthusiastic worker. H. G. MEHRTENS.

Unperforated Ulcers of Terminal Ileum, Symptomatically Simulating Appendicitis—J. Shelton Horsley, Richmond, Va. (Journal A. M. A.), reports three cases that gave rather clear symptoms of appendicitis and yet were not appendicitis cases at all. They were cases of ulcer of the ileum, two of them being tuberculous. Horsley emphasizes this point: The surgeon who opens the abdomen for appendicitis should be prepared to deal with any condition that he may find. If the appendix is easily removable, the operation requires no great amount of skill; but if there is an ulcer of the duodenum, a diverticulum of the cecum, or some affection more serious than simple appendicitis, the life of the patient is in jeopardy unless the training of the surgeon enables him effectively to deal with these diseases. The obvious treatment for chronic ulcers of the terminal ileum is excision, and excision of an ileal ulcer usually means resection of the bowel.

"Certain professional moralists," said the Rev. Lloyd C. Douglas at the University of Michigan commencement exercises, "would have us believe that the blatant criticism of the movies may be held responsible for much of our moral turpitude which is, of course, arrant nonsense. The movies are not a cause of anything, but a natural effect; for the public has been nourished on the sentimentality of sentiment until only the rudimentary urges of undisciplined physical life remain sufficiently active to be stirred. The superheated fiction of the day, and the raucous squawk of the ubiquitous sex-a-phone are not causes of anything; they are the inevitable achievement of an age that has fed its emotions on red pepper until its jaded palate refuses to react to any dish unless served with nitroglycerine sauce and garnished with firecrackers."

Utah State Medical Association

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Editorials by J. U. GIESY, Associate Editor for Utah

PETRA—THE ROCK

It is an old saying that the body of man is "founded upon a rock," and recent biochemic investigation and experimentation would seem, in a sense, to justify the old-time assertion literally, rather than figuratively—to show that we are built upon a rock indeed. For, while not all rocks in the actual sense are of the same chemical formation, certainly lime enters into the chemistry of the formations known as rock to a vastly predominating extent. And the further research goes, the more are we faced by the importance in the body's chemistry of the element calcium.

Calcium balance seems, from all one can gather, to be the very foundation—the rock—of normal metabolism, with the other mineral salts grouped around it. Almost, present-day notions would appear to be a calcium dream. Yet results seem to show that it is no dream, but fact—and a fact which is opening up the doors to a better and more effective understanding of the internal chemistry and the necessary procedures to be instituted when there is a disturbed balance of this most important of all elements to be overcome.

Calcium in the blood in ionic or diffusible form seems to spell the difference between susceptibility to infection; to normal bone development; to the presence or absence of the colloid thyroid degeneration; to normal digestion, with its perversions, as tetany of deficiency origin, spasmophilia, convulsions of a myo-clonic type; to the development and healing of ulceration, to acute guanidin intoxication in infants, and the absence of all these. And the parathyroid gland seems to be the governor of calcium fixation and balance. What a wonderful thing the body in its silent function is. More and more, as we learn the true function and association of the endocrine chain, we will come to be able to play on the very keyboard of life and restore harmony for discord, and so give relief in dysfunction, imbalance, and disease. It is an inspiring thought—one to make the heart of the medical man beat a bit swifter, draw on some of his potassium, magnesium and calcium reserve, for very pride in what may come with the years. Calcium plus sunlight, natural or artificial, activating the blood-contained cholesterol, are already working wonders in the hands of capable men who understand their use. Rickets is being mastered, malnutrition is a condition recoverable in the major per cent. Old ulcerations heal—bronchial and peribronchial conditions yield and give the sufferer ease; anemias clear up and the erythrocytes increase, the whites drop, the blood iron comes up, restoring the true balance of health. Well, Solomon said there was nothing new under the sun, and the ancient Hebrews said man's body was built upon a